



Investing for tomorrow, delivering today.

Medical Cannabis Program

Cannabis *N*_{ugs} *O*_f *W*_{isdom}

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Disclaimer

- The opinions shared during this meeting do not necessarily reflect the position of the Medical Cannabis Program.
- The Medical Cannabis Program does not endorse any specific product, producer, or vendor.

Objectives

- Provide updates with regards to impact of Senate Bill 242
- Provide updates to the Online Patient Portal
- Discuss the role of medical cannabis as it relates to Harm Reduction

SB 242 – (Beginning June 16, 2023)

- Enrollment in the medical cannabis program will be for **two (2) years** from the approval date of an application.
- The “Annual Re-certification/Verification” ***previously required every year*** is no longer necessary.
- Current patient enrollment expiration dates in the program will not change. Patients should continue to use their card ***until the expiration date listed on the card.***
- Providers and patients should start the re-enrollment process **30 days in advance of the expiration date.**
- As a reminder, ***all medical cannabis patients are exempt from paying taxes on cannabis purchases up to 425 units every 90-days.*** Any offered discount should be in addition, not in lieu of the tax-free status of the purchase.

Front Side

NEW MEXICO DEPARTMENT OF HEALTH **Medical Cannabis Program**
Patient Identification Card

ID Code: barcode
Name: first_name::last_name::suffix_name
Caregiver:

1st Annual Recertification: first_annual_recertification
2nd Annual Recertification: second_annual_recertification

Issue Date: approved
DOB:

Expiration Date: expiration

Back Side



For Law Enforcement: The cardholder is enrolled in the New Mexico Medical Cannabis Program (as per NMS §26-2B-1-7). For questions about possession limits or other regulatory matters, Law Enforcement members may call the 24-hour Law Enforcement Line:

505-231-6740
(For use by members of Law Enforcement ONLY)

For Patients: For questions during regular business hours (Mon-Fri - 8:00am - 5:00pm), call:

505-827-2321

Front Side

NMDOH Medical Cannabis Program

Barcode/ID Code
TP589GML39

Name: MCP Patient
Date of Birth: 01-01-1980
Caregiver: Mcp Caregiver

Issued Date:
06-16-2023

Expiration Date:
06-16-2025

You may submit your application online 30 to 90 days before your Expiration Date.

Pursuant to NMSA 7-42-3-C, any retail sale of cannabis, up to 425 grams over 90 days, sold to a qualified patient or primary caregiver presenting a valid New Mexico enrollment card shall not be charged the Cannabis Excise Tax.

Back Side



TP 58 9G ML 39

Medical Cannabis Program (505) 827-2321
(Monday - Friday from 8:00 AM - 12:00 PM and 1:00 PM - 4:30 PM)

Law Enforcement Line (505) 231-6740 to verify program enrollment
This is for law enforcement only.

Re-certification = Renewal

Attention! ×

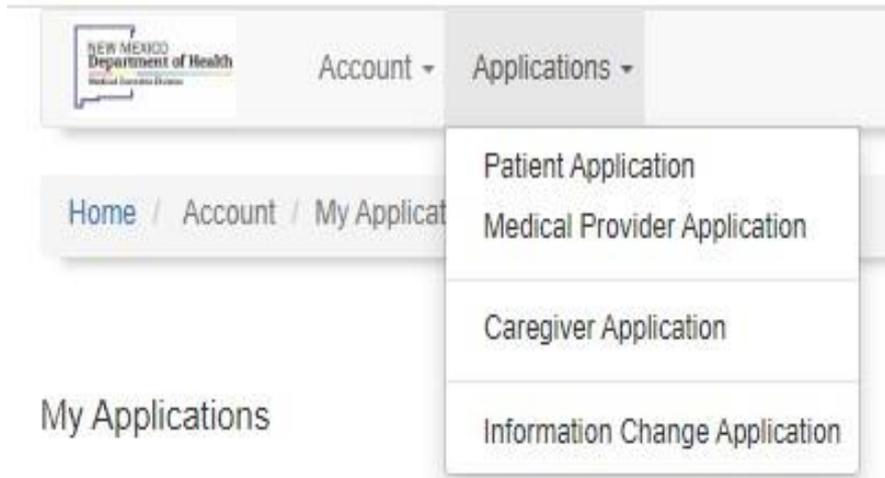
New Application - a Patient who has never been enrolled in the NM Medical Cannabis Program.

Renewal - a Patient who has previously been enrolled in the NM Medical Cannabis Program, card is expired or about to expire.

Application Type At least one option should be filled

New Application Renewal

Drop the Dropdown



[Add New Patient Application](#)

- Medical Provider Application
- Caregiver Application
- Information Change Application

My Applications

Barcode		Application	Percentage	Exp.
FP2U223FL2		Patient Application	83%	
97E25KD3VN		Patient Application	83%	
H9864TSD8F		Patient Application	72%	
NVE628XZ78		Patient Application	100%	
BR25Z4N6U8		Patient Application	83%	
QG85P36D8F		Patient Application	43%	
P5589KSTC5		Patient Application	53%	
Replace		Medical Provider Application	100%	12-19-2025

[Add New Patient Application](#)

New Attestation = No Notes

4. Medical Provider Signature

In accordance with **26-2B NMAS**, the Lynn and Erin Compassionate Use Act, **7.34.3 NMAC**, DOH-Medical Cannabis Program Division Regulations, and my governing licensing board, I certify and attest to the following:

1. I am the responsible provider; I have established a patient-provider relationship and I have conducted an appropriate examination of the qualified patient during the preceding twelve months in accordance with the Lynn and Erin Compassionate Use Act and the rules, regulations, requirements, and best practices of my licensing board.
2. I attest the patient continues to have the qualifying debilitating medical condition identified in this application.
3. I believe the potential health benefits of the medical use of cannabis would likely outweigh the health risks for the patient.
4. I have explained and discussed the potential risks and benefits of medical use of cannabis with the patient and with their caregiver, if a caregiver is necessary.
5. If a caregiver is indicated, I am attesting that a caregiver is necessary for managing the well-being of the patient.
6. I understand the Medical Cannabis Program may contact me to obtain further documentation to verify the appropriate examination of the patient and the diagnosis of their qualifying medical condition for enrollment in the medical cannabis program. If the additional documentation is not provided, I understand the patient may be denied enrollment or have their enrollment revoked, and my ability to submit applications may be suspended until the additional documentation is submitted.
7. By signing below, I acknowledge that failure to comply with any of the above certifications and attestations may result in notification of my licensing board of the failure to comply and/or I may be prohibited from certifying patient applications.

Signature Date

Must be dated no more than 90 days prior to the receipt of the application by program

Any questions?



Harm Reduction

- Harm reduction refers to a range of public health approaches designed to lessen the negative consequences associated with various human behaviors, both legal and illegal. Harm reduction is used to minimize the risk of recreational drug use and sexual activity without requiring abstinence, recognizing that those unable or do not desire to stop can still make informed decisions that will positively impact their own well being and the well being of others.

Harm Reduction

- Accepts drug use/etc. is part of our world
- Newer strategy
- Continuum – some ways are safer than others
- Invites participation
- Reduce intake to reduce harm
- Success measured by reducing the harm and increasing quality of life

Abstinence

- Drug use/etc. has no place in our world
- Traditional approach
- Zero tolerance – no use is safe
- Disenfranchises
- Stop intake to reduce harm
- Success measured by cessation of all risk

Examples of Harm Reduction

- Syringe Access
- Overdose Prevention
- Safer Drug Use
- Fentanyl
- Medication for Opioid Use Disorder
- Hepatitis C
- Sex Work
- Supervised Consumption Services
- Xylazine Awareness

Why Cannabis for Harm Reduction?

- Safer than alternatives
- Easy to obtain
- Less adverse side effects
- Low risk for addiction
- Effective at relieving symptoms
- Legalization efforts provide security

Safety

- It is almost impossible to consume a lethal dose
- Does not suppress respirations
- No known lethal interactions with other substances

How can it help?

- Patient driven
 - Substitute for more dangerous substance
 - Substitute for more dangerous route
 - Treat withdrawal symptoms

- Provider driven
 - Introduction
 - Reduction
 - Cessation

Cannabis and Heroin¹

- “A successful nonopioid medication would add significantly to the existing addiction medication toolbox to help reduce the growing death toll, enormous health care costs, and treatment limitations imposed by stringent government regulations amid this persistent opioid epidemic.”

Cannabis and Prescription Opioids^{2,3,4}

- This study provides an individual-level perspective of cannabis substitution for opioids and other prescription drugs over 6 months. The high rate of cannabis use for chronic pain and the subsequent reductions in opioid use suggest that cannabis may play a harm reduction role in the opioid overdose crisis, potentially improving the quality of life of patients and overall public health.
- There is preliminary but promising data to support that medical cannabis initiation can help reduce the opioid dose required to produce pain relief, or substitute the use of opioids altogether, which could help reduce the risk of fatal opioid-related.
- A cross-sectional retrospective survey reported that medical cannabis use was associated with a 64% decrease in opioid use, improved quality of life, and fewer medication-related side-effects.

Cannabis and Meth(THC)⁵

- THC reduces Meth-induced brain damage via:
 - inhibition of striatal nNOS expression by both CB1-dependent and CB1-independent mechanisms
 - inhibition of striatal and cortical astrocyte activation by CB1-independent mechanisms only.
- The extent to which cannabis may mitigate the adverse effects of Meth is likely dependent upon:
 - Relative timing
 - Dosage
 - Context in which these two drugs are consumed.

Cannabis and Meth(CBD)⁶

- CBD plays an antioxidant role against toxicity and oxidative stress generated by amphetamine.
- CBD may also provide neuroprotective effects through other neuroinflammatory mechanisms
- CBD showed low addictive risk as a substitute for meth
- CBD lessened cravings and a potential agent in reducing relapse.

Cannabis and Cocaine^{7,8}

- A period of intentional cannabis use to reduce use of crack was associated with subsequent reductions in the frequency of crack cocaine use among PWUD in Vancouver, Canada.
- CBD could be efficacious in individuals with less severe substance use disorder or with demonstrated abstinence capabilities.
- CBD efficiency may have an impact upon consumption of a small dose of cocaine but not a high dose.

Cannabis and Alcohol⁹

- Benefit dependent on whether used as a substitute vs. as a complement.
- Both males and females drank less and were less-likely to binge drink on days when cannabis was used.
- The use on cannabis during alcohol treatment is associated with decreased within-day alcohol intake for both males and females and among individuals who use cannabis infrequently and frequently.

Cannabis and Alcohol¹⁰

- THC content has a significant impact on alcohol-related outcomes:
 - Use of high-potency products was associated with more alcohol consequences (i.e. drank more) on co-use days among college students who use both alcohol and cannabis.

Cannabis and Alcohol¹¹

THC

- Cannabinoid Receptor **Agonist**
- **Stimulates** the motivational aspects of alcohol consumption

CBD

- Cannabinoid Receptor **Antagonist(ic)**
- **Suppresses** the motivational aspects of alcohol consumption

Cannabis and Benzos¹²

- Within a cohort of 146 patients initiated on medical cannabis therapy, 45.2% patients successfully discontinued their pre-existing benzodiazepine therapy.
- This study therefore supports the continued research of medical cannabis and urges further exploration into its therapeutic value.

Cannabis and Nicotine^{13,14,15}

- CBD inhibits the metabolism of nicotine thereby helping tobacco users curb the urge for that next cigarette.
- A single 800-mg oral dose of CBD reduced the salience and pleasantness of cigarette cues, compared with placebo, after overnight cigarette abstinence in dependent smokers.
- CBD reduces neuronal hyperexcitability thereby potentially improving withdrawal symptoms.
- CBD prevented nicotine dependent rats from exhibiting somatic signs of withdrawal and hyperalgesia during both acute and protracted abstinence.

Takeaway: CBD as a strategy to alleviate the withdrawal symptoms upon nicotine cessation may be beneficial.

Cannabis and Prescription drug reduction^{16,17}

- Pain medication was the most prevalent prescription drug substituted with cannabis followed by antidepressants and arthritis medication.
- Substitution users reported substantial decrease or cessation of prescription drug use, and far better side effect profile of cannabis compared to prescription drugs.
- Cannabis legalization resulted in significant reductions in the volume of prescriptions within the drug classes that align with the medical indications for pain, depression, anxiety, sleep, psychosis, and seizures leading to potential cost savings for state Medicaid programs.

What type of cannabis to recommend?¹⁸

- THC has been documented to be rewarding and to enhance sensitivity to other drugs, higher abuse potential.
- CBD on the other hand appears to have low reinforcing properties with limited abuse potential and to inhibit drug-seeking behavior.
- The fact that CBD and THC have divergent effects on behaviors linked to addiction vulnerability emphasizes the important need to educate our patients.
- CBD's anxiolytic properties, insomnia benefit and minimal adverse side effects support its viability as a treatment option for symptoms associated with drug addiction.

Takeaway: Don't forget the CBD.

Concerns with Cannabis for harm reduction¹⁹

- Side Effects
 - Psychoactive effects
 - Dizziness
 - Dry mouth.
- Cannabis Use Disorder
- Cannabis Overdose/Toxicity
- Withdrawal Symptoms
- May create more distance between individual and their medical provider

Reducing Cannabis-related Harms

- Start low and go slow
- Consider appropriate time and place
- Choose less risky cannabis products
- Choose safer methods of cannabis consumption
- Utilize safer smoking practices
- Reduce amount and frequency of cannabis use
- Avoid synthetic cannabis
- Avoid mixing cannabis with other drugs
- Don't drive high – have a plan for transportation

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Any questions?



For More Information

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THANK YOU!!